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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(For use with Form PTO/SB/06)

Application Number

Filing Date
1/18/2003

Applicant(s)

KEVIN KAWAKITA

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	X											
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3	X											
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Total Indep												
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Total Claims												

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